

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2003 — 06

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(23)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 2,366

b. FFY 2004 \$ 4,740

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, Supplement 1,
pages 18-23Attachment 4.19B, pages 37, 37a, 37b
and 37c9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19B, page 37

10. SUBJECT OF AMENDMENT:

Targeted Case Management Services for At-Risk Children

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Mr. Bob Sharpe
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308

Attn: Kay Newman

17. DATE RECEIVED:

May 8, 2003

18. DATE APPROVED:

May 8, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2003

21. TYPED NAME:

Hugh L. Webster

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS: Approved with the following corrections to Item 8 and 1:
"Attachment 3.1A, Supplement 1, pages 18-23" is changed to read "Attachment 3.1-A,
Supplement 1, pages 18-22"
"Attachment 4.19B, pages 37, 37a, 37b and 37c" is changed to read: "Attachment 4.19-B,
page 37"

REQUIREMENTS AND LIMITS
12-91 APPLICABLE TO SPECIFIC SERVICES 4302.3(Cont.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Florida

CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible children, whose parents request services, who are not receiving Targeted Case Management under another target group or waiver; and who, based on the results of a formal assessment to be delivered to children who voluntarily take part in case management services, must meet one of the following criteria:

1. Is or has been determined to present at least two of the following seven risk factors:
 - a) Is the child of a parent who is unable to meet his or her basic needs (access to food, clothing, transportation);
 - b) is the child of a parent who has inadequate income and/or housing;
 - c) is the child of a parent who is socially isolated/has limited natural supports
 - d) is or has been a witness to domestic violence;
 - e) is the child of a parent with a history of mental illness requiring treatment or hospitalization;
 - f) is the child of a mother who, upon knowledge of pregnancy, used tobacco, alcohol, and/or drugs;
 - g) is the child of a mother who received little to no pre-natal care (less than five visits)
2. Is the child of a parent who is or has been a victim of domestic violence.
3. Is the child of a parent suffering from mental health, post-partum depression or substance abuse problems.
4. Is the subject of a report of abuse and neglect made to the Department of Children and Families and/or Community Based Care Lead Agency that did not result in a court order into foster care/shelter care or Protective Supervision.

B. Areas of State in Which Services Will Be Provided:

☐ Entire State

☒ Only in the following geographic areas (authority of §1915(g)(1) of the Act is invoked to provide services less than statewide):

Services will be provided in Florida counties where a Children's Services Council (CSC) or local government entity (LGE) exists that funds programs to support children and families in need, currently including Duval County; Palm Beach County; Hillsborough County; Pinellas County; Broward County; Miami-Dade County; and, Martin County.

C. Comparability of Services:

☐ Services are provided in accordance with §1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration and scope. Authority of §1915(g)(1) of the Act is invoked to provide services without regard to the requirements of §1902(a)(10)(B).

D. Definition of Services:

Targeted Case Management is a set of interrelated activities under which the responsibility for locating, coordinating, and monitoring appropriate services for an recipient rests with a specific person (case manager). The purpose of case management is to assist recipients in the target group to gain access to medical, social, educational, and other services. Targeted Case Management includes:

- A. Collecting all assessment data.
- B. Developing an individualized plan of care;
- C. Coordinating needed services and providers;
- D. Making home visits and collateral contacts as needed;
- E. Maintaining client case records; and,
- F. Monitoring and evaluating client progress and service effectiveness.

Activities that are not included are:

- 1. All Title IV-E eligibility determination and redetermination;

2. Medicaid eligibility determination and redetermination;
3. Medicaid Outreach;
4. Individual or Group therapy;
5. Transportation; and
6. Title IV.b. and Title XX activities.

E. Qualifications of Providers:

Providers will be approved and certified by either the designated public entity or the Children's Services Council. The Children's Services Council will accept applications for provider enrollment for any provider meeting the following requirements:

1. Agency providers must meet all of the following criteria:
 - a. Be receiving funding from the Children's Services Council/Local Government Entity
 - b. Be knowledgeable of and comply with state and Federal statutes, rules and policies that pertain to this service and target population.
 - c. Have the ability to administer case management services to the target population as evidenced by sufficient numbers of managerial staff, targeted case management supervisors and case managers.
 - d. Be a community based provider agency with a demonstrated capability with this target population.
 - e. Have the financial management capacity and system to provide documentation of costs.
 - f. Have established linkages with the local network of human services providers, schools and other resources in the service area.
 - g. Have a Quality Improvement Program with written policies and procedures, which include an active case management peer review process and ongoing recipient and family satisfaction surveys.
 - h. Have established pre-service and in-service training programs that promote the knowledge, skills, and competency of all case managers.
 - i. Have an established credentialing process which will assess and validate the qualifications of all case managers and supervisors or case managers.
 - j. Have the capacity to provide supervision by a person who has a Bachelor's degree in a human services field and two years of professional case management experience or 3 years of other professional experience serving this target population or any combination thereof.
 - k. Maintain documentation/programmatic records that include clearly identified targeted case management certifications for eligibility, assessments, service plans and service documentation.
- l. Cooperate with and participate in monitoring conducted by the Agency for Health Care Administration and the Children's Services Council.

2. Individual case managers must meet all of the following criteria:

- a. Be employed by or under contract with an agency that has been certified by the Children's Services Council as qualified to provide case management services to the target population
- b. Have a minimum of high school equivalent with a minimum of one year of experience working with children who have been abused, neglected or abandoned, or are at risk of abuse, neglect or abandonment.
- c. Have successfully completed the CSC approved training and any other training including periodic retraining.
- d. Have completed mandated reporter training that addresses abuse and neglect.
- e. Be enrolled as a Medicaid approved individual training provider, Provider Type 32.
- f. Specific to the identified service area, have knowledge of the resources that are available for children who are abused, neglected or abandoned or at risk for abuse, neglect or abandonment.
- g. Be knowledgeable of, and comply with, the state and federal statutes and rules and policies that pertain to this service and target population.
- h. Be certified by the certified agency as meeting these requirements.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

A monthly rate will reflect the reasonable and necessary costs for required staff including salaries, taxes, benefits and the associated overhead. In order for reimbursement to occur, the clinical record must maintain documentation that the case manager provided all of the following minimum monthly service requirements:

- a. A home visit that shall include a face-to-face meeting with the child. The home visit shall be for the purpose of assessing the child and family's progress toward the achievement of the goals and objectives, which

specifically pertain to the child's needs and stability in the living environment and are stated in the service plan.

- b. The case manager shall have verbal (i.e. telephonic or face-to-face) or written contact with at least one provider who is rendering services to the child or the child's family as related to assisting the child toward achievement of identified needs. This contact shall be for the purpose of determining whether the child, and family are responding to services and if said services are appropriate and rendered at the correct level of intensity.
- c. A second face-to-face visit with the child which may occur in the home or in the setting in which the child spends most of his or her time. The case manager shall observe the child and assess whether or not his or her level of functioning has remained unchanged, improved, deteriorated or stabilized.
- d. The case manager shall complete or obtain at least one of the following:
 - i. A client satisfaction survey
 - ii. A current status summary that includes descriptions of functional issues, behavior problems, or developmental concerns. The summary is developed by gathering information from various service providers, teachers, family members or caretakers, and other significant involved in the child's life.
 - iii. A comprehensive summary statement which depicts the child's progress toward the achievement of established goals and objectives and addresses the status of the child's stability within the identified living environment.

Methods used in Establishing Payment Rates

4/1/2003

Case Management Services

Reimbursement to providers of case management services will be on a fee for services basis, not to exceed the actual cost of the service when rendered by a state agency. Payment to private providers will be the lesser of the fee for service established by the state agency or the amount billed. The detailed description of the cost finding methodology is on file at the state agency.

The reimbursement rate for Targeted Case Management (TCM) for At Risk Children is established based on historical cost data of actual expenditures for this same type of service by providers who meet the qualifications as described the state plan amendment, adjusted to include only TCM allowable activities. This data is derived through a time study of case managers, all of whom meet the minimum qualifications stipulated in the Section E, Paragraph E of the state plan amendment.

An analysis of the results of the time study is used to derive a percentage of staff time spent on allowable case management activities. This percentage is then applied to the cost pool to arrive at the portion of salary and program costs that are allocable to the delivery of case management services.

The cost of a unit of service is derived by dividing the allowable cost pool by the number of children served times twelve months. A unit of service is one month in which all required services, per the state plan amendment requirements, is delivered.

The time study will be repeated annually with adjustments to the rate as indicated.